

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

IN RE:)
Nusmira Dedic) CHAPTER 13
Debtors) No. 1-17-05071 HWV
)

DEBTOR'S AMENDED SCHEDULE

The Debtor(s) in the above-captioned case hereby amend schedule
E(adding tax claim) by substituting the attached schedule for the schedule
originally filed, pursuant to Fed. R. Bankr. P. 1009.

Dated: 8/10/18

/s/ Michael S. Travis
By: _____
Michael S. Travis
ID No. 77399
3904 Trindle Road
Camp Hill, PA 17011
(717) 731-9502
mtravislaw@comcast.net
Attorney for Debtor

Fill in this information to identify your case:

| | | | |
|---|-----------------|-------------|--------------|
| Debtor 1 | <u>Nusmira</u> | | <u>Dedic</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: <u>MIDDLE DIST. OF PENNSYLVANIA</u> | | | |
| Case number (if known) | <u>17-05071</u> | | |

☒ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| | Total claim | Priority amount | Nonpriority amount |
|--|---|--------------------|--------------------|
| 2.1 | | | |
| Internal Revenue Service | \$18,672.51 | \$18,672.51 | \$0.00 |
| Priority Creditor's Name PO Box 7346 | Last 4 digits of account number <u>7 0 1 5</u> | | |
| Number Street | When was the debt incurred? <u>2016</u> | | |
| As of the date you file, the claim is: Check all that apply. | | | |
| <input type="checkbox"/> Contingent | | | |
| <input type="checkbox"/> Unliquidated | | | |
| <input type="checkbox"/> Disputed | | | |
| Type of PRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Domestic support obligations | | | |
| <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government | | | |
| <input type="checkbox"/> Claims for death or personal injury while you were intoxicated | | | |
| <input type="checkbox"/> Other. Specify | | | |
| Who incurred the debt? Check one. | | | |
| <input checked="" type="checkbox"/> Debtor 1 only | | | |
| <input type="checkbox"/> Debtor 2 only | | | |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only | | | |
| <input type="checkbox"/> At least one of the debtors and another | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Is the claim subject to offset? | | | |
| <input checked="" type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes | | | |

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Debtor(s) Verification

I declare under penalty of perjury that I have read the attached
amended schedule(s) and they are true and correct to the best of my knowledge,
information and belief.

Date: 8/9/18 /s/ Nusmira Dedic

Nusmira Dedic, Debtor

Date: _____

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Certificate of Service Amended Schedule E

I, Michael S. Travis, attorney for the Debtor(s), hereby certifies that a copy of the foregoing amendment of the Debtor(s) has this day been served upon the trustee in this case and affected creditor(s) and persons listed as follows by first-class mail or the means specified.

Charles J. DeHart, III, Esquire
Standing Chapter 13 Trustee
(electronically served)

United States Trustee
(electronically served)

Nusmira Dedic
(electronically served)

Internal Revenue Service
Dept of Treasury
Cincinnati, OH 45999

Internal Revenue Service
PO Box 73646
Philadelphia, PA 19101

/s/ Michael S. Travis

Michael S. Travis
Attorney for Debtor(s)
3904 Trindle Road
Camp Hill, PA 17011
(717) 731-9509

Date: 8/10/18